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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Special Instructions to Filir	ng Officer:	

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COVER LETTER

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TO:	Registration Se Division of Co			
SUBJE	CT: Presco Re	alty, LLC		
		Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
			Joseph E. Jagame JR.	
			Name of Person	
			Presco Realty, LLC	
			Firm/Company	
			230 Mohawk Rd.	
			Address	
			Clermont, FL 34715	
			City/State and Zip Code	
			AaronDBLake@gmail com to be used for future annual report noti	fication)
For furtl	ner information c	oncerning this matter, please ca	all:	
	Aaron	Blake	at (<u>407</u>) <u>758-1945</u>	
	Name o	of Person	at (<u>407</u>) <u>758-1945</u> Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:		
	00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
3 ∠3.	oo riing ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Presco Realty	/. LLC			
(Name of the Limit	ted Liability Company (A Florida Limited Lia	r as it now appears on ibility Company)	our records.)		
The Articles of Organization for this Limited L	iability Company w	ere filed on 12/22/	2005	and assi	gned
Florida document number L05000122078	,				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabili	ty company here:			
The new name must be distinguishable and contain the v	vords "Limited Liability	y Company," the design	ation "LLC" or the al	breviation "L.L.	C."
Enter new principal offices address, if applic	able:				
(Principal office address MUST BE A STREE	ET ADDRESS)			7 0	Ę
				.71 CD	20
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Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE	ROY)			99	
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B. If amending the registered agent and registered agent and/or the new registered o			r records, <u>enter</u>	the name o	of the new
Name of New Registered Agent:	Aaron Blake				
New Registered Office Address:	230 Mohawk Rd.				
		Enter Florida s	treet address		
	Clermont		Florida	34715	
		City		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jennifer F. Zagame	<u> </u>	
		230 Mohawk Rd. Clermont, FL 34715	☐ Remove
			Change
AR Athorized Rep	Lance Samardge		Add
·		230 Mohawk Rd. Clermont, FL 34715	☑ Remove
			☐ Change
AMBR	Aaron D. Blake	230 Mohawk Rd. Clermont, FL 34715	
			□ Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
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			□ Remove
			Change

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Filing Fee: \$25.00